Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620			_	School Year 2005- 200 le to School Clerk June	-	
Elementary District Res			Contract		County		Legal Entity
111 1 2 1 1 1 1 1 1 1 1 1							1. 15 "
High School or K-12 Dis	·	ole for Reimbu	rsing the Cont	ract	County		Legal Entity
Corvallis K-12 S				10	Ravalli		0731
Is this contract share ☐ yes ☐ no		·	Ū	ol?			
Are you applying for (If yes, please attach ISOLATION: Section 2	explanation)	ı	□ No	mbursement	Student Name	School	Grade
rates for special circum- increased rates, individing trustees of the district, the Public Instruction. (10.7)	stances of isola ual circumstand he county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint the mittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and the				proved by the	Student Name	School	Grade
Elem District Approval HS District Approval		Ini □ no □ no	tials		Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRACT Grades 1-12	r IS FOR:	
Parent or Guardian N	•	e Print)			☐ 1st Semester (Only 2nd Semester Or	nly Both Semesters
Bethanne William Physical Address (st		only):			Pre-kindergarten/	Kindergarten Dnly □ 2nd Semester Or	nly □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for on Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 3.6 to nearest but HS 0 ne-way only	is stop, if any	y (one way)	s contract. 9-12 Total	Kindergarten chi by this contract: To or from Bus St To or from School Kindergarten chi To or from Bus St To or from School Deadlines: PARENTS: Due CLERKS: Send of files. COUNTY SUPER copy for your files	times per day, times per day, de rides without other schoop times per day, times per day, times per day, to School Clerk June 1. Driginal to County Supt by Junt INTENDENTS: Send original	days per week ool-age students:
insured driver will tra In March and June, transported for the payment shall the This contract shall the	s: nsport or provide to ansport the stude: the District shall past semester. be computed on the erminate at the erminate at the erminate.	rransportation for nts. Mileage con nay the parent the ne basis of the so nd of the school y	the student(s) to tracts are valid of e sum officially a chedule establish rear or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	on for the distance reported on th	trict(s). thool is in session. The parent or guate contract actually occurs. ther or principal of the school of the nocompanying this contract.	number of days the student(s) was
Elementary School D	District	,	ard of Truste				Date
High School District Corvallis K-12 School	ols	Chair, Boa	ard of Truste	es			Date
			I attes	t that the above i	information is true and co	orrect.	
Signature - Parent or	Guardian					Date	

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620			_	school Year 2005- 200 e to School Clerk Jun	-	
Elementary District Res			Contract		County		Legal Entity
High School or K-12 Di	·	ole for Reimbu	irsing the Conf	tract	County		Legal Entity
Corvallis K-12 S			11.1	10	Ravalli		0731
Is this contract share ☐ yes ☐ no		·	Ü	ol'?			
Are you applying for (If yes, please attach ISOLATION: Section 2	n explanation))	□ No	mbursement	Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	stances of isola ual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appropriate in the contract of the	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and th				proved by the	Student Name	School	Grade
Elem District Approval HS District Approval		In □ no □ no	itials		Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRACT	T IS FOR:	
Parent or Guardian		e Print)			☐ 1st Semester (Only	only Both Semesters
Brad & Jessica I Physical Address (st		only):			Pre-kindergarten/ 1st Semester (Kindergarten Only □ 2nd Semester O	only □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Leader Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 3.7 to nearest bu HS 0 ne-way only	us stop, if an	y (one way)	is contract. 9-12 Total	Kindergarten ch by this contract: To or from Bus Si To or from Schoo Kindergarten ch To or from Bus Si To or from Schoo Deadlines: PARENTS: Due CLERKS: Send files. COUNTY SUPER copy for your files	times per day times per day times per day ild rides without other scl toptimes per day times per day to School Clerk June 1. original to County Supt by J	days per week
insured driver will tr 2. In March and June, transported for the late of the l	rs: nsport or provide ansport the stude the District shall p past semester. be computed on the	transportation fo nts. Mileage cor nay the parent th ne basis of the s nd of the school	r the student(s) to atracts are valid of e sum officially a chedule establish year or when the	o and from the school only when transportation opproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred to as the Dis	chool is in session. The parent or gue contract actually occurs. cher or principal of the school of the ecompanying this contract.	number of days the student(s) was
Elementary School [District	Chair, Boa	ard of Truste	es 			Date
High School District Corvallis K-12 School	ols	Chair, Boa	ard of Truste	es			Date
			I attes	t that the above i	information is true and co		
Signature - Parent or	Guardian					Date	

Linda McCulloch, Superintendent | INDIVIDUAL TRANSPORTATION CONTRACT

Address, City, Zip Code

<u> </u>	_	1.		-1	_
l .n	ın	П	ra	CT	I

PO Box 2025 Helena, MT	01		School Year 2005- 2006 Due to School Clerk June 1		
Elementary District Responsible	for Reimbursing the Co	ntract	County		Legal Entity
High School or K-12 District Res	sponsible for Reimbursin	g the Contract	County		Legal Entity
Corvallis K-12 Schools	3		Ravalli		0731
Is this contract shared between □ yes □ no	een elementary and h	igh school?			
Are you applying for isolatio (If yes, please attach explan ISOLATION: Section 20-10-14:	ation)	□ No	Student Name	School	Grade
rates for special circumstances increased rates, individual circuitrustees of the district, the count Public Instruction. (10.7.116 AR	of isolation of residence. mstances must be review y transportation committ	In order to receive wed and approved by the ee, and the Office of		School	Grade
Check here only if increased par District Trustees and the County	Transportation Commit	ee.	Student Name	School	Grade
Elem District Approval	Initials □ no □ no □ no	· 	Student Name	School	Grade
County Approval ges Parent or Guardian Name: (□ no		THIS CONTRACT IS FO		
	,		☐ 1st Semester Only	□ 2nd Semester Only	□ Both Semesters
David & Kathy Molesh Physical Address (street add			Pre-kindergarten/Kinder ☐ 1st Semester Only	rgarten □ 2nd Semester Only	□ Both Semesters
			KINDERGARTEN/PRE	•	
Distance from home to near Elementary 0 HS Distance from home to near Elementary 0 HS .2	4.7 est bus stop, if any (o	ne way)	Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid	es <u>with</u> other school-age times per day, times per day, times per day, es without other school	ge students also covered days per week days per week ol-age students:
•			To or from Bus Stop To or from School	times per day, times per day,	days per week days per week
☐ Contract is for one-way of	,	wared by this contract	Deadlines:		
Students in Each Grade Level - Only			PARENTS: Due to Sch	ool Clerk June 1.	
Pre- Tota		1-8 9-12 Total Total		ıl to County Supt by July	1, retain a copy for your
Regular Trans			files. COUNTY SUPERINTEI	NDENTS: Send original	to OPI by July 10, retain a
Spec. Ed. Trans			copy for your files.		
Room & Board Correspondence				EIMBURSEMENT RA trict, county and OPI (
Reg.			Reimb	oursement rate is determ	nined by
Spec. Ed. Contin.				20-10-142, MCA.	
Agreement between parent	(parent name)		, and school district (dist	rict name)	<u>, , , , , , . , .</u>
insured driver will transport th 2. In March and June, the Distric transported for the past seme	e students. Mileage contract t shall pay the parent the sur ster.	student(s) to and from the s is are valid only when transp in officially approved in the a	cinafter referred to as the District(s) chool or bus stop on the days when school is in portation for the distance reported on the contra application upon certification by the teacher or process.	n session. The parent or guardia act actually occurs. orincipal of the school of the num	
 This contract shall terminate a 	t the end of the school year Chair, Board	or when the student(s) is no	0-10-142, MCA, and the information accompan longer enrolled in school, whichever occurs fire	ying tins contract. st.	Date
Elementary School District	,				
High School District Corvallis K-12 Schools	Chair, Board	of Trustees			Date
		I attest that the ab	ove information is true and correct.		
Signature - Parent or Guardia	1			Date	

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Address, City, Zip Code

Contract #

PO Bo	ox 202501 a, MT 59620			_	school Year 2005- 20 e to School Clerk Ju		
Elementary District Res			Contract		County		Legal Entity
High School or K-12 Dis		ole for Reimbu	rsing the Cont	tract	County		Legal Entity
Corvallis K-12 S				10	Ravalli		0731
Is this contract share ☐ yes ☐ no		•	Ū	ol'?			
Are you applying for (If yes, please attach ISOLATION: Section 2	explanation)	1	□ No	mbursement	Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appropriate in the contract of the	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and th				proved by the	Student Name	School	Grade
Elem District Approval HS District Approval		Ini □ no □ no	itials		Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRAC Grades 1-12	CT IS FOR:	
Parent or Guardian I	Name: (Pleas	e Print)			□ 1st Semester	Only 2nd Semester	Only Both Semesters
Ethel Jessop Physical Address (st	reet address	only):			Pre-kindergarter 1st Semester	n/Kindergarten Only □ 2nd Semester	Only Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 7 to nearest bu HS .5 ne-way only	us stop, if an	y (one way)	is contract. 9-12 Total	Kindergarten ci by this contrac To or from Bus S To or from Scho Kindergarten ci To or from Bus S To or from Scho Deadlines: PARENTS: Due CLERKS: Seno files. COUNTY SUPE copy for your file	t: Stop times per da ol times per da hild rides without other s Stop times per da ol times per da e to School Clerk June 1. d original to County Supt by ERINTENDENTS: Send ori	days per week da
insured driver will tr. In March and June, transported for the payment shall the This contract shall the shall the transported for the payment shall the payment	s: nsport or provide ansport the stude the District shall p aast semester. be computed on the erminate at the er	transportation for nts. Mileage cor nay the parent the ne basis of the so nd of the school of	r the student(s) to atracts are valid of e sum officially a chedule establish year or when the	o and from the school only when transportation opproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred to as the Di or bus stop on the days when son for the distance reported on	school is in session. The parent or the contract actually occurs. eacher or principal of the school of the accompanying this contract.	guardian assures that a licensed and ne number of days the student(s) was
Elementary School [District	Chair, Boa	ard of Truste	es			Date
High School District Corvallis K-12 School	ols	Chair, Boa	ard of Truste	es			Date
			I attes	t that the above i	information is true and		
Signature - Parent or	Guardian					Date	

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box	x 202501 , MT 59620				chool Year 2005- 2006 e to School Clerk June		
Elementary District Resp			Contract		County	<u> </u>	Legal Entity
High School or K-12 Dist	rict Responsit	ble for Reimbu	rsing the Cont	ract	County		Legal Entity
Corvallis K-12 Sc	hools				Ravalli		0731
Is this contract shared ☐ yes ☐ no	l between el	ementary ar	nd high schoo	ol?			
Are you applying for is (If yes, please attach ISOLATION: Section 20	explanation))	□ No	nhura amant	Student Name	School	Grade
rates for special circumsi increased rates, individua trustees of the district, th Public Instruction. (10.7.	tances of isola al circumstance e county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appropriate in the contract of the	o receive oproved by the	Student Name	School	Grade
Check here only if increa District Trustees and the	sed payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	□ yes		itials		Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRACT Grades 1-12	IS FOR:	
Parent or Guardian N	ame: (Pleas	e Print)			☐ 1st Semester O	nly 2nd Semester On	y Both Semesters
Irene Craft	ant addraga	anh ():			Pre-kindergarten/k		
Physical Address (stre	eet address	Offig).			☐ 1st Semester O	nly 2nd Semester On	y Both Semesters
Contract is for one Students in Each Grade Leve Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency	HS 6.5 o nearest bu HS 0 e-way only	us stop, if an	y (one way)	s contract. 9-12 Total	by this contract: To or from Bus Sto To or from School Kindergarten chil To or from Bus Sto To or from School Deadlines: PARENTS: Due to CLERKS: Send of files. COUNTY SUPERI copy for your files. (Fo	times per day,	days per week pol-age students:
Spec. Ed. Contin.						20-10-142, MCA.	
insured driver will trar 2. In March and June, the transported for the pa 3. The payment shall be	sport or provide to sport the studentie District shall p st semester. computed on the minate at the er	transportation for nts. Mileage cor pay the parent the ne basis of the so nd of the school of	r the student(s) to stracts are valid of e sum officially a chedule establish	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longe	on for the distance reported on the	ict(s). ool is in session. The parent or guard contract actually occurs. ner or principal of the school of the nucleopapanying this contract.	
	Ju ICt	,					
High School District Corvallis K-12 School	S	Cnair, Boa	ard of Truste	es 			Date
			I attes	t that the above i	nformation is true and cor	rect.	
Signature - Parent or G	uardian					Date	

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620			_	School Year 2005- 20 le to School Clerk Ju		
Elementary District Res			Contract		County		Legal Entity
High Oak at a K 40 Dir	Cal Barrers	t. C. D. L.	and the Occupan	les d	01		115.00
High School or K-12 Dis	·	ole for Reimbu	irsing the Conf	tract	County		Legal Entity
Corvallis K-12 So				10	Ravalli		0731
Is this contract share ☐ yes ☐ no		·	Ü	ol'?			
Are you applying for (If yes, please attach ISOLATION: Section 2	explanation))	□ No	mbursement	Student Name	School	Grade
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7	stances of isola al circumstant ne county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appropriate in the contract of the	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and the				proved by the	Student Name	School	Grade
Elem District Approval HS District Approval		In □ no □ no	itials		Student Name	School	Grade
County Approval	□ yes	no Drint)			THIS CONTRAC Grades 1-12	CT IS FOR:	
Parent or Guardian N	iame: (Pleas	e Print)			☐ 1st Semester	Only 2nd Semester	Only Both Semesters
Rebecca Kuehn Physical Address (str	reet address	only):			Pre-kindergarter ☐ 1st Semester	n/Kindergarten Only □ 2nd Semester	Only Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for on Students in Each Grade Level Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 3 to nearest bu HS 0 e-way only	us stop, if an	y (one way)	is contract. 9-12 Total	Kindergarten c by this contrac To or from Bus S To or from Scho Kindergarten c To or from Bus S To or from Scho Deadlines: PARENTS: Due CLERKS: Seno files. COUNTY SUPE copy for your file	t: Stop times per da ol times per da hild rides without other s Stop times per da ol times per da e to School Clerk June 1. I original to County Supt by RINTENDENTS: Send original	days per week days per week days per week days per week July 1, retain a copy for your ginal to OPI by July 10, retain a RATE OPI use only)
insured driver will tra In March and June, transported for the p The payment shall b This contract shall te	s: Isport or provide to an apport the stude to the District shall past semester. It is computed on the priminate at the erriminate at the	transportation fo nts. Mileage cor nay the parent th ne basis of the s nd of the school	r the student(s) to stracts are valid of e sum officially a chedule establish	o and from the school only when transportation opproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred to as the Di or bus stop on the days when	school is in session. The parent or of the contract actually occurs. eacher or principal of the school of the accompanying this contract.	guardian assures that a licensed and be number of days the student(s) was
Elementary School D	nautot	,					Date
High School District Corvallis K-12 School	ls	Chair, Boa	ard of Truste	es 			Date
			I attes	t that the above	information is true and	correct.	
Signature - Parent or 0	Guardian					Date	

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 la, MT 59620			_	School Year 2005- 20 le to School Clerk Ju		
Elementary District Res			Contract		County		Legal Entity
	=						
High School or K-12 Dis	·	ole for Reimbu	irsing the Cont	tract	County		Legal Entity
Corvallis K-12 S				10	Ravalli		0731
Is this contract share ☐ yes ☐ no		•	Ü	ol'?			
Are you applying for (If yes, please attach ISOLATION: Section 2	explanation))	□ No	mbursement	Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to eviewed and appropriate the contract of the c	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and th				proved by the	Student Name	School	Grade
Elem District Approval HS District Approval		Ini □ no □ no	itials		Student Name	School	Grade
County Approval Parent or Guardian 1	□ yes	no Drint)			THIS CONTRA Grades 1-12	CT IS FOR:	
		e Plilit)			☐ 1st Semeste	er Only	Only Both Semesters
Tonya D. Bumba Physical Address (st		only):			Pre-kindergarte ☐ 1st Semeste	en/Kindergarten er Only □ 2nd Semester	Only Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 8 to nearest bu HS 0 ne-way only	us stop, if an	y (one way)	is contract. 9-12 Total	Kindergarten oby this contract To or from Bus To or from School Kindergarten of To or from Bus To or from School Deadlines: PARENTS: Du CLERKS: Sen files. COUNTY SUPI copy for your file	ct: Stop times per do ool times per do child rides without other s Stop times per do ool times per do ue to School Clerk June 1. d original to County Supt by ERINTENDENTS: Send or	days per week da
insured driver will tr. In March and June, transported for the payment shall the This contract shall the shall the transported for the payment shall the payment	s: nsport or provide ansport the stude the District shall p aast semester. be computed on the	transportation for nts. Mileage cor pay the parent the ne basis of the so nd of the school of	r the student(s) to htracts are valid of e sum officially a chedule establish year or when the	o and from the school only when transportation opproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred to as the C or bus stop on the days when	a school is in session. The parent or n the contract actually occurs. teacher or principal of the school of t accompanying this contract.	guardian assures that a licensed and he number of days the student(s) was
Elementary School D	District	,	ard of Truste				Date
High School District Corvallis K-12 School	ols	Chair, Boa	ard of Truste	es			Date
			l attes	t that the above	information is true and		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity
Corvallis K-12 S	Schools				Ravalli		0731
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	nd high scho	ol?			
Are you applying for (If yes, please attac	h explanation))	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and a mittee, and the	to receive pproved by the	Student Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolatio	n has been a	oproved by the	Student Name	School	Grade
Elem District Approval		□ no	itials		Student Name	School	Grade
	□ yes	□ no □ no			THIS CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester On	ly Both Semesters
Traci Miller Physical Address (s	treet address	only).			Pre-kindergarten/Kinde		li
1 Hysical / Idaress (c	arcet address	Omy).			 1st Semester Only KINDERGARTEN/PRE 		ly □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 5	,	• /		by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day, times per day, es <u>without</u> other scho	days per week days per week days per week pol-age students: days per week
□ Contract is for o	ne-way only					times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to b	be covered by the	nis contract.	Deadlines: PARENTS: Due to Sch	nool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina files.	al to County Supt by Ju	ly 1, retain a copy for your
Regular Trans						NDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board					R	EIMBURSEMENT R trict, county and OPI	
Correspondence						·	
Reg. Contingency					Reimb	oursement rate is determent 20-10-142, MCA.	mined by
Spec. Ed. Contin.						20-10-142, IVIOA.	
Agreement between	n parent (parei	nt name)		Ot!	, and school district (dis	,	· · · · · · · · · · · · · · · · · · ·
(county name) The parties agree as follow 1. The parent shall tra		transportation for		•	fter referred to as the District(s) I or bus stop on the days when school is i		dian assures that a licensed and
insured driver will t 2. In March and June	ransport the stude	nts. Mileage con	tracts are valid	only when transportat	ion for the distance reported on the contra ation upon certification by the teacher or	act actually occurs.	
	be computed on the				142, MCA, and the information accompan		
4. This contract shall Elementary School			ard of Truste		er enrolled in school, whichever occurs fir	GI.	Date
High School District Corvallis K-12 Scho		Chair, Boa	ard of Truste	ees			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620			_	school Year 2005- 200 e to School Clerk Jur	-	
Elementary District Res			Contract		County		Legal Entity
History and a K 40 Bi	Hal Daniel	the Constitution	with the Oart		01		Lead Fall
High School or K-12 Dis	·	ole for Reimbu	rsing the Cont	ract	County		Legal Entity
Corvallis K-12 S				10	Ravalli		0731
Is this contract share ☐ yes ☐ no		·	Ū	ol?			
Are you applying for (If yes, please attach ISOLATION: Section 2	explanation)	1	□ No	mbursement	Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint the mittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval HS District Approval		Ini □ no □ no	tials		Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRAC Grades 1-12	T IS FOR:	
Parent or Guardian I	vame: (Pleas	e Print)			☐ 1st Semester	Only 2nd Semester C	Only Both Semesters
Vilate Stoker Physical Address (st	reet address	only):			Pre-kindergarten	/Kindergarten Only □ 2nd Semester 0	Only ☐ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 7.4 to nearest but HS 0 ne-way only	us stop, if any	y (one way)	s contract. 9-12 Total	Kindergarten ch by this contract To or from Bus S To or from School Kindergarten ch To or from Bus S To or from School Deadlines: PARENTS: Due CLERKS: Send files. COUNTY SUPER copy for your files	times per day toptimes per day to School Clerk June 1. to School Clerk Supt by times per day	days per week days per week July 1, retain a copy for your linal to OPI by July 10, retain a RATE PI use only) ermined by
insured driver will tr. In March and June, transported for the payment shall the This contract shall the shall the transported for the payment shall the payment	s: nsport or provide ansport the stude the District shall p aast semester. be computed on the	transportation for nts. Mileage con ay the parent the ne basis of the so nd of the school y	the student(s) to tracts are valid of e sum officially a chedule establish rear or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred to as the Dis or bus stop on the days when s on for the distance reported on t	chool is in session. The parent or go ne contract actually occurs. icher or principal of the school of the ecompanying this contract.	e number of days the student(s) was
Elementary School [District	,	ard of Truste				Date
High School District Corvallis K-12 School	ols	Chair, Boa	ard of Truste	es			Date
			I attes	t that the above i	information is true and c	orrect.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	1	Legal Entity
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity
Corvallis K-12 S	Schools				Ravalli		0731
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attac	h explanation))	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and a mittee, and th	to receive pproved by the	Student Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	lni □ no	tials		Student Name	School	Grade
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester On	ly Both Semesters
Wendy Ewing Physical Address (s	treet address	oulv).			Pre-kindergarten/Kinde		li
1 Hydrodi 7 Iddi dod (d	ar oot addr ood	oy).			 1st Semester Only KINDERGARTEN/PRE 		ly □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 9	`			Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	es <u>with</u> other school- times per day, times per day, es <u>without</u> other scho	days per week days per week days per week pol-age students: days per week
□ Contract is for o	ne-way only				To or from School	times per day, __	days per week
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	Deadlines: PARENTS: Due to Sch	nool Clerk June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina		ly 1, retain a copy for your
Regular Trans					files.	NDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.	NDENTS. Send ongine	
Room & Board						EIMBURSEMENT R trict, county and OPI	
Correspondence					(1 31 413	and, doding and or i	, 400 0,
Reg. Contingency					Reimb	oursement rate is determent 20-10-142, MCA.	mined by
Spec. Ed. Contin.						·	
Agreement between	n parent (parei	nt name)		1	, and school district (dis	trict name)	,
insured driver will t 2. In March and June transported for the 3. The payment shall	ansport or provide to transport the students, the District shall p past semester. be computed on the	nts. Mileage con pay the parent the ne basis of the so nd of the school y	the student(s) the student(s) the student same valid to be sum officially acceptable to the stabilistic or when the	o and from the school only when transportati approved in the applicated in Section 20-10-estudent(s) is no longer	fter referred to as the District(s) I or bus stop on the days when school is i ion for the distance reported on the contration upon certification by the teacher or particularly. MCA, and the information accompaner enrolled in school, whichever occurs fire	n session. The parent or guard act actually occurs. principal of the school of the nu ying this contract.	
Elementary School		,	ard of Truste				Date
High School District Corvallis K-12 Scho		Chair, Boa	ard of Truste	ees			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box	x 202501 , MT 59620				School Year 2005- 20 ie to School Clerk Ju		
Elementary District Resp			Contract		County		Legal Entity
High School or K-12 Dist	rict Responsit	ble for Reimbu	rsing the Cont	tract	County		Legal Entity
Corvallis K-12 Sc	hools				Ravalli		0731
Is this contract shared ☐ yes ☐ no	l between el	ementary ar	nd high schoo	ol?			
Are you applying for is (If yes, please attach ISOLATION: Section 20	explanation))	□ No	mburaamant	Student Name	School	Grade
rates for special circumsi increased rates, individua trustees of the district, th Public Instruction. (10.7.	tances of isola al circumstance e county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appropriate in the contract of the	o receive oproved by the	Student Name	School	Grade
Check here only if increa District Trustees and the	sed payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	□ yes		itials		Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRAC Grades 1-12	CT IS FOR:	
Parent or Guardian N	ame: (Pleas	e Print)			☐ 1st Semester	Only 2nd Semester	Only Both Semesters
Wesley Hull Physical Address (stre	eet address	only):			Pre-kindergarter	n/Kindergarten Only □ 2nd Semester	Only Both Semesters
,		-,				N/PREKINDERGARTEN:	only a bour concours
Distance from home to Elementary 0 Distance from home to Elementary 0 Contract is for one Students in Each Grade Level	HS 3.5 o nearest bu HS 0 e-way only	us stop, if an	y (one way)	is contract. 9-12 Total	by this contract To or from Bus Stoor from Schol Kindergarten control To or from Bus Stoor from Schol Deadlines: PARENTS: Due	t: Stop times per da ol times per da hild rides without other s Stop times per da ol times per da e to School Clerk June 1.	days per week
Spec. Ed. Trans					COUNTY SUPE copy for your file		iginal to OPI by July 10, retain a
Room & Board						REIMBURSEMEN ⁻	
Correspondence					(1	For district, county and (OPI use only)
Reg. Contingency						Reimbursement rate is de 20-10-142, MC	
Spec. Ed. Contin.						20 10 112,	
insured driver will trar 2. In March and June, the transported for the pa 3. The payment shall be	sport or provide to asport the studed the District shall post semester. the computed on the	transportation for the same basis of the same	r the student(s) to stracts are valid of e sum officially a chedule establish	o and from the school only when transportation of the application of t	iter referred to as the Di or bus stop on the days when son for the distance reported on	school is in session. The parent or the contract actually occurs. aacher or principal of the school of the accompanying this contract.	guardian assures that a licensed and the number of days the student(s) was
Elementary School Di			ard of Truste				Date
High School District Corvallis K-12 School	s	Chair, Boa	ard of Truste	es			Date
			l attes	t that the above	information is true and	correct.	
Signature - Parent or G	uardian					Date	

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 202501 Helena, MT 59620-25			ol Year 2005- 2006 School Clerk June 1		
Elementary District Responsible for Reimb			County		Legal Entity
	-				
High School or K-12 District Responsible f	for Reimbursing the Conti	ract	County		Legal Entity
Hamilton K-12 Schools			Ravalli		0735
Is this contract shared between elem ☐ yes ☐ no	entary and high school	ol?			
Are you applying for isolation status? (If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA, pi		phursement	Student Name	School	Grade
rates for special circumstances of isolation increased rates, individual circumstances trustees of the district, the county transpor Public Instruction. (10.7.116 ARM provide:	n of residence. In order to must be reviewed and ap tation committee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if increased payment due District Trustees and the County Transpor	to isolation has been ap	proved by the	Student Name	School	Grade
Elem District Approval yes new new new new new new new n			Student Name	School	Grade
County Approval			THIS CONTRACT IS FO	<u>DR:</u>	
·	Tillit)		☐ 1st Semester Only	□ 2nd Semester Only	□ Both Semesters
Johanna Stuart Physical Address (street address onl	y):		Pre-kindergarten/Kinder ☐ 1st Semester Only		□ Both Semesters
			KINDERGARTEN/PREI	KINDERGARTEN:	
Distance from home to nearest school Elementary 0 HS 1 Distance from home to nearest bus selementary 0 HS 0			by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop	times per day, times per day, es <u>without</u> other schoo times per day,	days per week
□ Contract is for one-way only					
Students in Each Grade Level - Only include the			Deadlines: PARENTS: Due to Sch	ool Clerk June 1.	
Pre-K Total	K 1-8 Total Total	9-12 Total	CLERKS: Send origina files.	I to County Supt by July	1, retain a copy for your
Regular Trans				IDENTS: Send original	to OPI by July 10, retain a
Spec. Ed. Trans			copy for your files.		
Room & Board				EIMBURSEMENT RA	
Correspondence Reg.			Poimb	ursement rate is determ	inad by
Contingency Spec. Ed. Contin.			Reillio	20-10-142, MCA.	lined by
	I				
Agreement between parent (parent n	name)		_, and school district (dist	rict name)	,
(county name) The parties agree as follows: 1. The parent shall transport or provide trans insured driver will transport the students. 2. In March and June, the District shall pay t transported for the past semester. 3. The payment shall be computed on the branch and the standard of the past semester. 4. This contract shall terminate at the end of	sportation for the student(s) to Mileage contracts are valid o he parent the sum officially ap asis of the schedule establish	o and from the school or bus nly when transportation for th oproved in the application up ed in Section 20-10-142, MC	ne distance reported on the contra on certification by the teacher or p A, and the information accompany	session. The parent or guardi ct actually occurs. rincipal of the school of the nun ring this contract.	
	Chair, Board of Trustee				Date
High School District Hamilton K-12 Schools	Chair, Board of Trustee	es			Date
	l attest	that the above inform	nation is true and correct.		
Signature - Parent or Guardian				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract		County	1	Legal Entity
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Conf	tract	County		Legal Entity
Darby K-12 Sch	ools				Ravalli		0740
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attack	n explanation))	□ No		Student Name	School	Grade
rates for special circum increased rates, individud trustees of the district,	stances of isola ual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and appointed and the mittee, and the	o receive oproved by the	Student Name	School	Grade
Public Instruction. (10.7) Check here only if incre District Trustees and the	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	-		tials		Student Name	School	Grade
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Brian Gartner Physical Address (st	treet address	only):			Pre-kindergarten/Kinder		
Filysical Address (s	ireet address	Offig).			 1st Semester Only KINDERGARTEN/PRE 		y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or	HS 30 to nearest bu HS 10	·			Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,times per day,times per day,times per day,times per day,	days per week days per week days per week ol-age students: days per week days per week days per week
Students in Each Grade Le	, ,	the students to b	e covered by th	is contract.	Deadlines:		
	Pre-K Total	K Total	1-8 Total	9-12 Total	PARENTS: Due to Sch		y 1, retain a copy for your
Regular Trans		7 0 101			files.		
Spec. Ed. Trans					copy for your files.	NDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						EIMBURSEMENT RA	
Correspondence						,	,,
Reg. Contingency					Reimb	ursement rate is detern 20-10-142, MCA.	nined by
Spec. Ed. Contin.							
Agreement between	parent (pare	nt name)			, and school district (dist	rict name)	
insured driver will tr 2. In March and June, transported for the 3. The payment shall	nsport or provide transport the studenthe District shall past semester.	nts. Mileage con pay the parent the ne basis of the so	the student(s) to tracts are valid of e sum officially a shedule establish	o and from the schoo only when transportat approved in the applic and in Section 20-10-	fter referred to as the District(s) I or bus stop on the days when school is in the distance reported on the contraction upon certification by the teacher or proceed that the distance reported on the contraction upon certification by the teacher or proceed that the distance of the dis	n session. The parent or guard ct actually occurs. vincipal of the school of the nur ying this contract.	
Elementary School I	District	,	ard of Truste				Date
High School District Darby K-12 Schools		Chair, Boa	ard of Truste	es			Date
			l attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	0-2501			e to School Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Darby K-12 Sch	nools				Ravalli		0740
Is this contract shar ☐ yes ☐ no	red between e	lementary ar	nd high scho	ol?			
Are you applying fo	h explanation)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10.	nstances of isolo dual circumstan the county tran	ation of resider ces must be re sportation com	nce. In order to viewed and appointment in the contract of the	o receive oproved by the	Student Name	School	Grade
Check here only if incomplistrict Trustees and t	reased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	Ini □ no	itials		Student Name	School	Grade
HS District Approval County Approval	,	□ no			THIS CONTRACT IS	FOR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Onl	ly Both Semesters
Franchesqua D Physical Address (s		only):			Pre-kindergarten/Kind	lergarten □ 2nd Semester Onl	ly □ Both Semesters
Distance from home	e to nearest so	chool (one w	av)		KINDERGARTEN/PR Kindergarten child r	EKINDERGARTEN:	age students also covered
Elementary 0 Distance from home Elementary 0	HS 0	·	•		To or from School Kindergarten child ri	times per day, __ ides without other scho	days per week days per week pol-age students: days per week
□ Contract is for o	ne-way only				To or from School	times per day,	days per week days per week
Students in Each Grade L		the students to t	oe covered by th	is contract.	Deadlines:		
	Pre-K	K	1-8	9-12	PARENTS: Due to S		
Pogular Trans	Total	Total	Total	Total	CLERKS: Send original files.	nal to County Supt by Jul	ly 1, retain a copy for your
Regular Trans Spec. Ed. Trans					COUNTY SUPERINT copy for your files.	ENDENTS: Send origina	al to OPI by July 10, retain a
Room & Board						REIMBURSEMENT R	
Correspondence					(For d	istrict, county and OPI	use only)
Reg. Contingency					Rein	nbursement rate is determent 20-10-142, MCA.	mined by
Spec. Ed. Contin.						20-10-142, WOA.	
Agreement between	n parent (pare	nt name)			, and school district (d	istrict name)	, , , , , , , , , , , , , , , , , , , ,
(county name) The parties agree as follow	ws:			County, hereinaf	ter referred to as the District(s).	
The parent shall trainsured driver will insured driver will insured driver will insured driver.	ansport or provide transport the stude	nts. Mileage cor	tracts are valid	only when transportation	or bus stop on the days when school i	tract actually occurs.	
 In March and June transported for the 	e, the District shall past semester.	pay the parent the	e sum officially a	approved in the applica	tion upon certification by the teacher of	or principal of the school of the nu	imber of days the student(s) was
 This contract shall 	terminate at the e	nd of the school y	ear or when the	student(s) is no longe	 MCA, and the information accomp er enrolled in school, whichever occurs 	anying this contract. first.	
Elementary School	District	Chair, Boa	ard of Truste	es			Date
High School District Darby K-12 Schools		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above i	information is true and correct	et.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			e to School Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Darby K-12 Sch	nools				Ravalli		0740
Is this contract shar ☐ yes ☐ no	red between e	lementary an	d high scho	ol?			
Are you applying fo (If yes, please attac	h explanation)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if incomplistrict Trustees and t	reased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes		tials		Student Name	School	Grade
HS District Approval County Approval	,	□ no □ no			THIS CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters
Jolene Mavros Physical Address (s	street address	only):			Pre-kindergarten/Kinde ☐ 1st Semester Only		y □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade L Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 e to nearest but HS 5.5 ene-way only evel - Only include Pre-K Total	the students to t	y (one way) De covered by the 1-8 Total	9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School Deadlines: PARENTS: Due to Scl CLERKS: Send origina files. COUNTY SUPERINTE copy for your files. R (For dis	times per day, times	days per week da
insured driver will In March and June transported for the The payment shall This contract shall	ws: ansport or provide transport the stude , the District shall p past semester. I be computed on to	transportation for nts. Mileage con pay the parent the ne basis of the so nd of the school y	the student(s) t tracts are valid t e sum officially a chedule establisl year or when the	o and from the school only when transportation approved in the applicated in Section 20-10-1 student(s) is no longer	, and school district (dister referred to as the District(s) or bus stop on the days when school is on for the distance reported on the contration upon certification by the teacher or 42, MCA, and the information accomparer enrolled in school, whichever occurs file.). in session. The parent or guard actually occurs. principal of the school of the nurying this contract.	mber of days the student(s) was
Elementary School		,	ard of Truste				Date
High School District Darby K-12 Schools		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above i	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			e to School Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	District Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Darby K-12 Sch					Ravalli		0740
Is this contract shar ☐ yes ☐ no	red between e	lementary ar	nd high scho	ol?			
Are you applying fo	h explanation)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10.	nstances of isolo dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appointment in the contract of the	o receive oproved by the	Student Name	School	Grade
Check here only if incomplistrict Trustees and t	reased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	Ini □ no	itials		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester On	ly □ Both Semesters
Kelli Murray Physical Address (s	street address	only):			Pre-kindergarten/Kinde 1st Semester Only		ly □ Both Semesters
, ,		3,			KINDERGARTEN/PRE		ly Dour Semesters
Distance from home to nearest school (one way) Elementary 0 HS 31 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 11.5					by this contract: To or from Bus Stop To or from School Kindergarten child ric	times per day, times per day, les without other scho	days per week days per week col-age students: days per week days per week days per week days per week
Students in Each Grade L		the students to b	oe covered by th	is contract.	Deadlines:		
	Pre-K Total	K Total	1-8 Total	9-12 Total			ly 1, retain a copy for your
Regular Trans					files.		
Spec. Ed. Trans					copy for your files.	NDENTS: Send origina	al to OPI by July 10, retain a
Room & Board						EIMBURSEMENT R	
Correspondence						•	
Reg. Contingency Spec. Ed. Contin.					Reiml	oursement rate is determined 20-10-142, MCA.	mined by
epoc. La. comin.							
Agreement between	n parent (pare	nt name)			, and school district (dis	etrict name)	,
(county name)	ws: ansport or provide transport the stude the District shall the past semester.	transportation for nts. Mileage cor pay the parent the	r the student(s) t htracts are valid of e sum officially a chedule establisl	County, hereinaf o and from the school only when transportation approved in the application	ter referred to as the District(s or bus stop on the days when school is on for the distance reported on the contrition upon certification by the teacher or 42, MCA, and the information accompand renrolled in school, whichever occurs fi). in session. The parent or guaract actually occurs. principal of the school of the nunying this contract.	
Elementary School			ard of Truste		22 2225, milotor about it	••	Date
High School District Darby K-12 Schools		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above i	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 a, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Res	ponsible for Re	eimbursing the	Contract		County	1	Legal Entity
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Cont	tract	County		Legal Entity
Darby K-12 Scho	ools				Ravalli		0740
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high school	ol?			
Are you applying for (If yes, please attach	explanation))	□ No		Student Name	School	Grade
rates for special circum increased rates, individurustees of the district, the Public Instruction. (10.7)	stances of isola ual circumstand he county trans	ation of resider ces must be re sportation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and th	ased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	□ yes		tials		Student Name	School	Grade
	□ yes	□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian I	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Lisa Foley Physical Address (st	reet address	only).			Pre-kindergarten/Kinder		Della Ocasionaliana
1 Tryologi 7 tagrees (et		O y /.			□ 1st Semester Only KINDERGARTEN/PRE	·	√ □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 0 to nearest bu HS 10	·			Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,times per day,times per day,times per day,times per day,	days per week days per week days per week ol-age students: days per week days per week days per week
☐ Contract is for or Students in Each Grade Le	, ,	the students to b	be covered by th	is contract.	Deadlines:		
	Pre-K	К	1-8	9-12	PARENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Send origina files.	I to County Supt by July	1, retain a copy for your
Regular Trans					COUNTY SUPERINTE	NDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board Correspondence						EIMBURSEMENT RA trict, county and OPI	
Reg.					Reimh	ursement rate is determ	nined by
Contingency Spec. Ed. Contin.						20-10-142, MCA.	
Agreement between	parent (pare	nt name)			, and school district (dist	rict name)	······································
insured driver will tr. 2. In March and June, transported for the p. 3. The payment shall the	nsport or provide to ansport the stude the District shall p past semester. the computed on the	nts. Mileage con pay the parent the ne basis of the so	the student(s) to stracts are valid of e sum officially a chedule establish	o and from the schoo only when transportat approved in the applicated in Section 20-10-	fter referred to as the District(s) If or bus stop on the days when school is it ion for the distance reported on the contration upon certification by the teacher or present the contration accompanies of the contration accompanies are not provided in school, whichever occurs fire	n session. The parent or guard ct actually occurs. vincipal of the school of the nur ying this contract.	
Elementary School D			ard of Truste				Date
High School District Darby K-12 Schools		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian		·			Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Res	ponsible for Re	eimbursing the	Contract		County	1	Legal Entity
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Conf	tract	County		Legal Entity
Darby K-12 Scho	ools				Ravalli		0740
Is this contract share ☐ yes ☐ no	d between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attach	explanation))	□ No		Student Name	School	Grade
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7)	stances of isola ual circumstand he county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the mittee, and the mittee, and the mittee, and the mittee.	o receive oproved by the	Student Name	School	Grade
Check here only if incre	ased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	□ yes		tials		Student Name	School	Grade
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian N	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Terri Fillingham Physical Address (st	reet address	only).			Pre-kindergarten/Kinder		Della Commentant
Tilyologi / idalogo (ot	.001 aaa1000	O y /.			1st Semester OnlyKINDERGARTEN/PRE	·	y □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 0	·			Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,times per day,times per day,times per day,times per day,	days per week days per week days per week ol-age students: days per week days per week days per week
☐ Contract is for on Students in Each Grade Le	, ,	the students to h	ne covered by th	is contract	Deadlines:		
Students in Each Grade Ec	Pre-K	K	1-8	9-12	PARENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Send origina files.	I to County Supt by July	/ 1, retain a copy for your
Regular Trans						NDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board Correspondence						EIMBURSEMENT RA trict, county and OPI	
Reg.					Poimh	ursement rate is determ	ningd by
Contingency Spec. Ed. Contin.					Keinib	20-10-142, MCA.	inled by
	I	I		<u> </u>			
Agreement between	parent (pare	nt name)			, and school district (dist	rict name)	,
insured driver will tra 2. In March and June, transported for the p 3. The payment shall be	nsport or provide to ansport the stude the District shall p past semester. the computed on the	nts. Mileage con pay the parent the ne basis of the so	the student(s) to tracts are valid of e sum officially a chedule establish	o and from the schoo only when transportat approved in the applic and in Section 20-10-	fter referred to as the District(s) I or bus stop on the days when school is it ion for the distance reported on the contration upon certification by the teacher or pure the contration accompanies of the contration	n session. The parent or guard ct actually occurs. vincipal of the school of the nur ying this contract.	
Elementary School D	District	,	ard of Truste				Date
High School District Darby K-12 Schools		Chair, Boa	ard of Truste	es			Date
			l attes	t that the above	information is true and correct.		
Signature - Parent or 0	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

PO Box 202501 Helena, MT 59620)-2501		ue to School C			
Elementary District Responsible for Re	eimbursing the Contra	ct	Co	ounty		Legal Entity
Lone Rock Elem			R	avalli		0741
High School or K-12 District Responsit	ole for Reimbursing th	e Contract		ounty		Legal Entity
Is this contract shared between el ☐ yes ☐ no	ementary and high	school?				
Are you applying for isolation statu (If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA)		Student	Name	School	Grade
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ation of residence. In ces must be reviewed sportation committee,	order to receive and approved by the and the Office of	Student	Name	School	Grade
Check here only if increased payment District Trustees and the County Trans	due to isolation has b	•	Student	Name	School	Grade
Elem District Approval □ yes	Initials □ no	_	Student	Name	School	Grade
	□ no □ no	_		ONTRACT IS FO	OR:	
Parent or Guardian Name: (Pleas	e Print)		Grades	1-12 Semester Only	 □ 2nd Semester On	ly □ Both Semesters
Danell Deschamps				,		ly Both ochiesters
Physical Address (street address	only):			dergarten/Kinder Semester Onlv		ly □ Both Semesters
				•		,
Distance from home to nearest so Elementary 6 HS 0 Distance from home to nearest bu Elementary 0 HS 0	, ,,,	way)	Kinderg by this To or fro To or fro Kinderg	garten child ride contract: om Bus Stop om School garten child ride	times per day, times per day, times per day, es without other scho	days per week days per week days per week ool-age students: days per week
•			To or fro	om School	times per day,	days per week
☐ Contract is for one-way only	the students to be sovers	ad by this contract	Deadl	inos:		
Students in Each Grade Level - Only include					ool Clerk June 1.	
Pre-K Total	K 1-6 Total Tot	-		S: Send origina	al to County Supt by Ju	ly 1, retain a copy for your
Regular Trans			files.	V CUDEDINTER	NDENTS: Condinate	al ta ODI hu lulu 10 matain a
Spec. Ed. Trans				r your files.	NDEN 15: Send ongina	al to OPI by July 10, retain a
Room & Board					EIMBURSEMENT R	
Correspondence				(FOI disi	trict, county and OP	ruse only)
Reg. Contingency				Reimb	oursement rate is deter	mined by
Spec. Ed. Contin.					20-10-142, MCA.	
	l					
Agreement between parent (parer	nt name)		and sc	hool district (dist	trict name)	
	,			,	/	,
(county name) The parties agree as follows:		,·		as the District(s)		
The parent shall transport or provide to insured driver will transport the students.	nts. Mileage contracts are	e valid only when transporta	ation for the distance r	eported on the contra	act actually occurs.	
In March and June, the District shall p transported for the past semester.	•		·	•	·	umber of days the student(s) was
The payment shall be computed on the A. This contract shall terminate at the error.	nd of the school year or w	hen the student(s) is no long				T = .
Elementary School District Lone Rock Elem	Chair, Board of T	rustees				Date
High School District	Chair, Board of 1	rustees				Date
	<u> </u>	attest that the above	e information is t	rue and correct.		
Signature - Parent or Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620)-2501				2005- 2006 Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity		
Lone Rock Elen	n					Ravalli		0741		
High School or K-12 D		ole for Reimbu	rsing the Con	tract		County		Legal Entity		
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?						
Are you applying for (If yes, please attaction: Section	h explanation))	□ No	mhursamant	Stude	nt Name	School	G	rade	
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the	to receive pproved by the	Stude	nt Name	School	Gi	rade	
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Stude	nt Name	School	Gi	rade	
Elem District Approval	□ no	tials		Stude	nt Name	School	Gı	rade		
HS District Approval County Approval	•	□ no □ no				CONTRACT IS FO	OR:			
Parent or Guardian	Name: (Pleas	e Print)				Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Hillary Stokes					Pro ki	ndergarten/Kinder	garton			
Physical Address (s	treet address	only):						ly Both Semester	rs	
							KINDERGARTEN:			
Distance from home Elementary 3.5	chool (one wa	ay)		by thi	s contract:		age students also co days per w days per w			
Distance from home Elementary 0	e to nearest bu HS 0	us stop, if any	y (one way)		Kinde To or	ergarten child ride from Bus Stop	es <u>without</u> other scho times per day,	ool-age students: days per w	/eek	
□ Contract is for o	ne-way only				10 or	from School	times per day,	days per w	еек	
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	Dead	dlines: :NTS: Due to Sch	ool Clark June 1			
	Pre-K	K	1-8	9-12						
	Total	Total	Total	Total	CLER files.	KS: Send origina	I to County Supt by Ju	ly 1, retain a copy for y	our	
Regular Trans					COU	NTY SUPERINTEN	NDENTS: Send origin	al to OPI by July 10, re	tain a	
Spec. Ed. Trans					copy	or your files.				
Room & Board							EIMBURSEMENT R trict, county and OP			
Correspondence						,		,		
Reg. Contingency						Reimb	ursement rate is deter	mined by		
Spec. Ed. Contin.							20-10-142, MCA.			
Agreement betweer	n parent (pare	nt name)			, and	school district (dist	rict name)		,	
(county name)				County, hereinat	fter referred to	o as the District(s)	•			
	ansport or provide							dian assures that a licensed ar	nd	
In March and June	, the District shall p					e reported on the contra ation by the teacher or p		umber of days the student(s) w	vas	
	be computed on the					e information accompan				
4. This contract shall Elementary School			vear or when the ard of Truste		er enrolled in scho	ool, whichever occurs firs	St.	Date		
Lone Rock Elem High School District		,	ard of Truste					Date		
		, _ 30								
			l attes	t that the above	information is	true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620)-2501				ol Clerk June 1			
Elementary District Re	sponsible for Re	eimbursing the (Contract			County	<u> </u>	Legal Entity	
Lone Rock Elen	n					Ravalli		0741	
High School or K-12 D		ole for Reimbur	sing the Cont	tract		County		Legal Entity	
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	d high scho	ol?				<u> </u>	
Are you applying fo	r isolation stat	us? □ Yes	□ No		Chiral	ent Name	Cabaal	Orad	_
(If yes, please attact ISOLATION: Section rates for special circum	20-10-142, MCAnstances of isola	A, provides for in ation of residence	ce. In order t	o receive			School	Grad	_
increased rates, individual trustees of the district, Public Instruction. (10.	the county trans	sportation comn	nittee, and th			ent Name	School	Grad	_
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.						ent Name	School	Grad	e _
Elem District Approval HS District Approval	□ no				ent Name	School	Grad	e	
County Approval	□ yes	□ no				es 1-12	DR:		
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 st Semester Only	□ 2nd Semester On	ly Both Semesters	
Romona Helme					Pre-l	kindergarten/Kinder	garten		
Physical Address (s	treet address	only):			□ 15	st Semester Only	☐ 2nd Semester On	ly Both Semesters	
Distance from home Elementary 9.2 Distance from home Elementary 0 Contract is for o Students in Each Grade L Regular Trans Spec. Ed. Trans	HS 0 e to nearest bu HS 0 ne-way only	us stop, if any	(one way)	is contract. 9-12 Total	Kind by th To or To or Kind To or To or PAR CLE files.	ris contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines: ENTS: Due to Sch	times per day, times per day, times per day, es without other schutimes per day, times per day.	days per weel da	k k k k
Room & Board							EIMBURSEMENT R		
Correspondence						(FOI dist	rict, county and OP	ruse Orny)	
Reg. Contingency						Reimb	ursement rate is deter	mined by	
Spec. Ed. Contin.							20-10-142, MCA.		
insured driver will to 2. In March and June transported for the 3. The payment shall	ws: ansport or provide ransport the stude , the District shall p past semester. be computed on the	transportation for this. Mileage control the parent the parent the the basis of the sch	the student(s) tracts are valid of sum officially a	o and from the school only when transportati approved in the applica- ned in Section 20-10-	fter referred I or bus stop on to ion for the distantation upon certifitate, MCA, and the	ce reported on the contra	session. The parent or guar ct actually occurs. rincipal of the school of the ni	dian assures that a licensed and umber of days the student(s) was	
Elementary School			rd of Truste		or emoneu m SCI	iooi, willonever occurs IIIs	ч.	Date	
Lone Rock Elem High School District	:	Chair, Boar	rd of Truste	es				Date	
			I attes	t that the above	ınformation	s true and correct.			
Signature - Parent or	Guardian						Date		